

Thurston County Opioid Response Task Force

September 9, 2019, 3:00 – 5:00 PM

Thurston County Public Health and Social Services Department 412

Lilly Road NE, Room 107A,B,C

AGENDA

Description	Action Steps/Items
Welcome Review Minutes Review Agenda	Schelli Slaughter welcomed the group and started the meeting with introductions. The July meeting minutes were reviewed and approved. Schelli introduced our new Opioid Task Force Coordinator, Katie Strozyk. The agenda was reviewed and an opportunity to share important information will be added to the end of each meeting.
Overview of Workgroup Meetings	Katie gave an overview of how the work groups have started to meet and that they are moving forward on developing smart objectives for each strategy, specifically looking at how they can measure progress made by December 2020.
Data Workgroup Report	Mary Ann O'Garro discussed the Data work group. She explained they have three strategies that the group will be working with and two of the Smart objectives. WA Department of Health has agreed to share their feedback with LHJs on understanding naloxone use in overdose protection with the state health officer issuing a standing order of who can get naloxone. They are looking at what distribution looks like and making a policy change for the state. The next Data Workgroup meeting has not been scheduled at this time. The number of overdose deaths from any drug is now available for 2018. In 2017, death from any type of drug was 34. In 2017 the number was 19 and for 2018 it was 21. If anyone is interested in working on the DATA workgroup, please see Mary Ann. Kurt Hardin shared that in 2020, St. Peters hospital will be adding charting software to their programs that will allow feedback from patients being seen at the ER. This information will provide valuable feedback with outcomes for patients, showing what types of hospital services were used. This information ties into the Opioid Epidemic by providing outcomes and will assist with not duplicating data.
Prevention Workgroup Report	The Prevention Workgroup has nine strategies with crossover into other workgroups. Prevention will be concentrating on 3 strategies; raise awareness (including stigma), addressing medicine storage and proper disposal of medication. Their smart objectives will include how they can provide more community awareness and education. Thurston County Public Health asked DOH if we could partner with them in a federal grant called Overdose Data to Action (OD2A). PHSS was awarded the grant in part because DOH felt the work surrounding Goal 5/Strategy 6 fit well with in the grant. This grant will help empower individuals to make good choices. Kateri Wimsett, an educator with PHSS, will be participating

	<p>in this project moving forward. The Prevention Workgroup meets the 4th Monday of each month from 4pm to 5m at PHSS with the next scheduled meeting on September 23rd. The next meeting will be talking about their smart objectives and what type of web-based resources can be used around prevention. Cynthia Taylor will present on safe storage/safe disposal of medication and will share new data that is community specific on how our residents are disposing of their medication.</p> <p>Goal 3 surrounds prevention of deaths. There has been a change to naloxone distribution, now any agency can become a public distribution point without having to have the prescriber relationship.</p> <p>Goal 3A; There will be three new agencies will become public distribution agencies for naloxone next year. The types of agencies will be left open, with no particular type listed to be able to get the kits to those who need it.</p> <p>Goal 3, Strategy B, getting into naloxone into the broader community; to stock naloxone in organizations that are interested. They will also offer education materials, treatment resources and numbers to call and how to recognize if someone is overdosing. These businesses can use Naloxone for distribution or in the case there are overdoses in or around their business. The Jail currently has Naloxone on site, staff are trained in how to use it and all patrol vehicles have kits in their cars. The next step, Creating a workgroup around Naloxone Distribution will be discussed further and Katie will send out an email to get interested members.</p>
Pregnant & Parenting Workgroup Report	<p>This workgroup has had one meeting and are working on Goal 6. They are trying to get a needs assessment around this situation and find what the capacity of need is in the community. They would like to see what opioid treatment providers are doing to help pregnant mothers and or family planning. They would also like to see how Syringe services is utilizing family planning services. In June 2020, they would like to partner with a community patient navigator at the Syringe Services site to make sure all participants have insurance, have a county community nurse present at the Syringe Services to provide pregnancy tests and family planning methods. They would also like to provide participants with different types of birth control, provide options for long term family planning and prenatal care if they are pregnant.</p> <p>Goal 6, Plan B, integrating breastfeeding best practices for opioid use disorder, meet with providers for best practices and current best practice.</p>
Criminal Justice Workgroup	<p>The Innovative Justice Workgroup has been meeting for over a year. This group overlaps with Goal 5D in working with diversion and innovative approaches and the group agreed to merge into the Criminal Justice Workgroup. Criminal justice involved with diversion and innovative ways to working people out of the Criminal Justice involved into treatment options. It is similar with the program called First Look with strategies that already exist. They are going to create a list of programs and strategies that the Criminal Justice program has worked on; create a strategy map to show what they are working on, where the group is going and remains to be done. Their next meeting will be on September 19th to hear about health care integration and the 2020 change.</p> <p>By their October meeting they will have the strategy map ready for presenting to the Criminal Justice group for input and will be ready to report back by the December OTF meeting.</p>

<p>Treatment Workgroup</p>	<p>Goal 2F; Working on the full implementation of a MAT clinic in the jail. They are working on education in the jail for Inmates and staff. Staff are asking for information on needs and for training. They are producing information and flyers throughout the jail and in the housing unit. They offer a five-seven-day taper meeting for those suffering from withdrawal. With the BUPE clinic running and information being circulated they are finding that participation is increasing. They are working on getting Naloxone and Narcan for those wanting it on release as well as funding. There is also a state-wide initiative for all jails to offer assisted medication assisted treatment.</p> <p>Goal 2A- Working on creating survey for providers that asks about current barriers in prescribing naloxone. A workgroup meeting will happen in October after the survey is complete. A new provider in town, Alliance Wellness Center has 160 openings for starting naloxone.</p> <p>Strategy B: by December 2020 they will have two community meetings to educate the public and service providers on treatment options and community education. Develop specific training options for groups with treatment options and for the public. They will also offer community education for law and justice staff and help reduce stigma.</p> <p>Strategy C: Their goal is to increase waiver trainings and to increase the information going out by participating in events. To prescribe buprenorphine requires special training and involves legal restrictions at federal level. The Main Street Addiction Treatment Act will eliminate the waiver requirement and offer less restrictions in allowing the prescribing of opioids so all treatment providers can provide naloxone. There is a move to sign the petition to move this into law.</p>
<p>Announcements</p>	<p>There will be an Opioid Use and Reduction and Recovery Forum on October 18, 2019. It is targeted for employers but is open to everyone. There will be a Key note speaker and an employer panel of people that are employed and are currently in recovery. If you are unable to attend it will have a live stream option and be recorded for later reference.</p> <p>The Gadget Program was a pilot program with the City of Olympia for at youth risk to get them into an internship program with employers to get them employee ready. This was a success and they are now looking to implement this long term. They are looking for employers that will take on the mentorship approach with supervision and take agree to work with three interns at a time.</p> <p>WING Academy is a program for people that have been impacted by the opioid crisis directly or indirectly and are at risk for or currently are homeless. It is a short-term training program that will get people into paid work experience. Those in the program will also have access to certified Peer counselors and Peer navigators that will assist them with accessing other resources. They are currently taking referrals for their first program which starts October 7th for Warehouse logistics positions.</p> <p>If you have updates to the medication assisted treatment locator through the Washington recovery hotline for this region, or if you know of new MAT programs or contacts for MAT programs, please Hallie Cranos know.</p>

	<p>Promoting Healthy Families pilot program addresses the research that says families with the poorest outcomes have a higher outcome of children with mental health issues. The program offers a 12-16 intense class that starts in the early years to help families with this.</p> <p>Providence St. Peters opened a dental residency program to help with patients with that go to the ER with dental emergencies. The program has three residents per year providing dental care 24/7.</p>
Next Steps Adjourn	<p>Next meeting is November 4, 2019 at PHSS Conference Room 107.</p> <p>The meeting adjourned at 4:35.</p>

Draft SMART Objectives
Thurston County Opioid Task Force

September 9, 2019

GOAL 1 - Prevent opioid misuse, abuse and dependency by improving prescribing practices.		
STRATEGIES	SMART Objectives	
A. Coordinate with state agencies and local partners to promote safe opioid prescribing practices among county medical and dental care providers.		
B. Increase the number of county medical and dental care providers using the state Prescription Monitoring Program (PMP).	By September 2019, provide one training to dental care providers on opioid prescribing and use of the Prescription Monitoring Program.	

GOAL 2 – Treat opioid abuse and dependence through expanded access to treatment.		
STRATEGIES	SMART Objectives	
A. Improve coordination among county Medication Assisted Treatment (MAT) / Opioid Treatment Medication (OTM) providers.	By December 2020, convene four meetings of providers to determine priorities and implement coordination activities.	
B. Promote availability of existing community-based Medication	By December 2020, hold two community meetings to educate	

Assisted Treatment (MAT) / Opioid Treatment Medication (OTM) providers and continuum of care services.	service providers and the public about MAT and local treatment options.	
C. Expand the number of Medication Assisted Treatment (MAT) / Opioid Treatment Medication (OTM) providers available in the county.	By December 2020, host three buprenorphine (DATA 2000) waiver trainings in Thurston County.	
D. Improve understanding of Medication Assisted Treatment (MAT) / Opioid Treatment Medication (OTM) among referral partners and the community.	By December 2020, distribute 500 University of Washington Alcohol & Drug Abuse Institute (ADAI) MAT educational brochures with local walk-in information inserted.	
E. Expand access to opioid use disorder treatment, including Medication Assisted Treatment (MAT) / Opioid Treatment Medication (OTM), for justice-involved individuals.	By December 2020, provide ten trainings to law & justice staff (including law enforcement, corrections, attorneys, court staff, etc.) regarding MAT and OUD.	
F. Implement a jail Medication Assisted Treatment (MAT) / Opioid Treatment Medication (OTM) program for individuals with opioid use disorder.	By December 2020, provide 120 justice involved individuals with OUD with services (including education, planning, connection to treatment options, peer recovery support, and regular coordination of care).	
G. Coordinate between juvenile and adult treatment courts to connect participants, who are not in-custody, to Medication Assisted Treatment (MAT) / Opioid Treatment Medication (OTM) and related supportive services.		

GOAL 3 – Prevent deaths from overdose by working to educate and expand the distribution of naloxone to individuals who use drugs and educating individuals about the signs of an overdose.		
STRATEGIES	SMART Objectives	
A. Expand access to naloxone through services and systems that have direct contact with individuals at risk for overdose.	By December 2020, establish naloxone distribution at 3 additional agencies in the community.	
B. Improve understanding of overdose prevention through naloxone use among partners and the community.	By January 2020, provide naloxone kits to 15 businesses in the community with posters to educate the public on overdose awareness.	
C. Expand training to local healthcare providers on the use of naloxone for overdose prevention.		

GOAL 4 – Use existing data and enhance data collection efforts to detect opioid and other illicit drug misuse/abuse and scientific evidence to inform the selection of strategies.		
STRATEGIES	SMART Objectives	
A. Coordinate with the state Prescription Monitoring Program (PMP) to access local data on opioid prescribing trends and level of participation among medical and dental providers.	By March 2020, one web-based data story will be available for Thurston County describing prescription opioids and patterns of use at the community-level.	
B. Improve availability of naloxone distribution and use data.	By December 2019, one report will be completed describing distribution	

	sources for naloxone in Thurston County.	
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C. Improve understanding of opioid overdose data.	<p>By November 2019, one web-based data story will be available for Thurston County describing drug overdoses at the community-level.</p> <p>By June 2020, one report will be completed describing opioid overdose data sources.</p>	
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GOAL 5 – Identify and implement innovative strategies that reduce the risk of overdose to individuals and diverse communities that are disproportionately impacted by the opioid epidemic and reduce stigma.		
STRATEGIES	SMART Objectives	
A. Expand resources to local communities at higher risk for substance use issues through the state Community Prevention and Wellness Initiative (CPWI) and other funding opportunities.	By December 2019, one strategic plan will be approved for a higher risk community in Thurston County.	
B. Identify opioid use prevention and treatment strategies for youth age 12-25, considering the needs of those at- risk for justice involvement and those who are not.		
C. Improve understanding of the opioid epidemic and opioid use disorder among partners and the	By December 2019, one web-based resource page will be available for prevention messages and material.	

community with an emphasis on reducing stigma.	By April 2020, conduct one opioid-related community education campaign targeting a priority audience.	
D. Examine innovative approaches to address prevention, intervention, treatment and aftercare for groups at higher risk for adverse outcomes of the opioid epidemic, including at-risk and justice-involved youth and adults.		
E. Expand services that support identification of existing resources, connection to those resources and removal of barriers to utilize those resources to increase referrals and engagement in treatment, services that support recovery and services that prevent development of opioid use disorder.		

GOAL 6 – Reduce exposure and access to opioids among infants, children, youth and families.		
STRATEGIES	SMART Objectives	
A. Expand access to local family planning services to reduce neonatal abstinence syndrome (NAS) and neonatal opioid withdrawal syndrome (NOWS).	By January 1, 2020 conduct a needs assessment to determine: local family planning (FP) clinic capacity; what opioid use treatment providers are doing to identify pregnancy or FP needs; how syringe services participants	

	<p>are utilizing FP services, and their current insurance status.</p> <p>By June 1, 2020 utilize a patient navigator at syringe services sites to increase participants access to insurance.</p> <p>By June 1, 2020 utilize a county Community Health Nurse at syringe exchange sites to offer pregnancy tests and FP methods (such as Plan B, birth control pills, Depo-Provera, condoms) and/or refer participants for long acting reversible contraception (LARC).</p>	
PB. Integrate breastfeeding best practices for women with opioid use disorder into services that have direct contact with pregnant and parenting women.	By January 1, 2020, meet 1-2 times with local expert providers to identify breastfeeding best practices for people with opioid use disorder, based on current research.	
C. Improve awareness of local safe medication return disposal options that accept prescription opioids among county residents.	<p>By December 2019, conduct one community education campaign targeting a priority community about safe medication return options.</p> <p>By September 2020, conduct one community-based Take Back Your Meds promotional event.</p>	
D. Improve awareness of safe opioid medication storage options among county residents, businesses and other organizations visited by the public.	By June 2020, conduct one community education campaign targeting a priority audience on safe medication storage practices.	

	By December 2020, provide two presentations that address safe medication storage.	
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E. Improve access to screening for opioid use disorder among pregnant women, families with young children and reproductive age adults.		
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